FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # **V08901** **(3)**

1. Corporation Name

BENEFITS ADMINISTRATION, INC.

100001879311
-06/28/96--01042--017
*******33.75 *****35.75**

Principal Place of Business	Mailing Address
2868-B REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308 US	P.O. BOX 456 ELIZABETH CITY NC 27907-0456

3. Date Incorporated: 01/24/1992 — Last Date Report Filed: 08/04/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: ~~59-3110959~~ 74-2755422 ☐ Applied For ☐ Not Applicable
21	26 870 Greenbrier Circle	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 400	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State 23	City & State 28 Chesapeake, VA 23320	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 23320 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRAWFORD, WILLIAM H
2868-B REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Capitol Services
82 Street Address (P.O. Box Number is Not Acceptable): 1406 Hays St., Suite 2
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Kathleen J. Hill, Pres. DATE: 6/28/96

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS		11 TITLE	Chief Operating Officer ☐ Change ☒ Addition
NAME	KIDD, TOM		12 NAME	Janet Ackerley
STREET ADDRESS	P.O. BOX 456 N/A		13 STREET ADDRESS	870 Greenbrier Circle, Suite 400
CITY-ST-ZIP	ELIZABETH CITY NC 27907-0456		14 CITY, ST, ZIP	Chesapeake, va 23320
TITLE		☐ DELETE	21 TITLE	EVP ☐ Change ☒ Addition
NAME			22 NAME	Leslie Buck, 870 Greenbrier Circle
STREET ADDRESS			23 STREET ADDRESS	Suite 400, Chesapeake, vA 23320
CITY-ST-ZIP			24 CITY, ST, ZIP	
TITLE		☐ DELETE	31 TITLE	VP - Charles Warner ☐ Change ☒ Addition
NAME			32 NAME	870 Greenbrier Circle, Suite 400
STREET ADDRESS			33 STREET ADDRESS	Chesapeake, VA 23320
CITY-ST-ZIP			34 CITY, ST, ZIP	
TITLE		☐ DELETE	41 TITLE	VP - Robert Greene ☐ Change ☒ Addition
NAME			42 NAME	870 Greenbrier Circle, Suite 400
STREET ADDRESS			43 STREET ADDRESS	Chesapeake, VA 23320
CITY-ST-ZIP			44 CITY, ST, ZIP	
TITLE		☐ DELETE	51 TITLE	VP - Loren Lockman ☐ Change ☒ Addition
NAME			52 NAME	870 Greenbrier Circle, Suite 400
STREET ADDRESS			53 STREET ADDRESS	Chesapeake, VA 23320
CITY-ST-ZIP			54 CITY, ST, ZIP	
TITLE		☐ DELETE	61 TITLE	VP - Blaine Braithwaite ☐ Change ☒ Addition
NAME			62 NAME	870 Greenbrier Circle, Suite 400
STREET ADDRESS			63 STREET ADDRESS	Chesapeake, VA 23320
CITY-ST-ZIP			64 CITY, ST, ZIP	

6/28/96

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Tom Kidd 6/26/96 804-938-9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)